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From : Winston Hsu, Registration No. 41,526

Serial No.: 10/064,049

Attorney Docket No.: CMOP0008USA

Subject: Response to the Office Action mailed on 01/14/2005

Total Pages: 11 pages (including cover page)

Winston Hsu 04/12/2005

CMOP0008USA0_A2_3

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PTO/SB/97 (09-04)

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(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	7 PAGES

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PTO/SB/21 (09-04)

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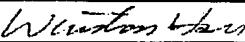
Total Number of Pages in This Submission

Application Number	10/064,049
Filing Date	06/04/2002
First Named Inventor	Hsin-Ta Lee
Art Unit	2876
Examiner Name	KIM, AHSHIK
Total Number of Pages in This Submission	9
Attorney Docket Number	CMOP0008USA

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	04/12/2005	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name		Date	

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)**Complete If Known**

Application Number	10/064,049
Filing Date	06/04/2002
First Named Inventor	Hsin-Ta Lee
Examiner Name	KIM, AHSHIK
Art Unit	2876
Attorney Docket No.	CMOP0008USA

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Fee (\$)

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

Total Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)****HP** = highest number of total claims paid for, if greater than 20**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of independent claims paid for, if greater than 3**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional sheets paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional 50 or fraction thereof paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional sheets paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional 50 or fraction thereof paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional sheets paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional 50 or fraction thereof paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional sheets paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****HP** = highest number of additional 50 or fraction thereof paid for, if greater than 100**100 =** **1 / 50 =** (round up to a whole number) **x** **Fee (\$)** **Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)****SUBMITTED BY**

Signature

Winston Hsu

Registration No. 41,526

Telephone 302-729-1562

Name (Print/Type)

Winston Hsu

Date 04/12/2005

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Appl. No.	10/064,049	Confirmation
		No. 9786
Applicant	Hsin-Ta Lee, Chao-Wen Wu	
Filed	June 4, 2002	
TC/A.U.	2876	
Examiner	Ahshik Kim	
Docket No.	CMOP0008USA0	
Customer		
No.	27765	

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

INTRODUCTORY COMMENTS

Sir:

5 In response to the Office action of January 14, 2005, please amend the above-identified application as follow:

Listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.